



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://lachildrenscommission.org>**

Monday, August 5, 2013

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (13-3721)

Attachments: [AUDIO](#)

Present: Chair Geneva Berger, Vice Chair Helen Kleinberg, Commissioner Patricia Curry, Commissioner Sydney Kamlager, Commissioner Dr. Sunny Kang, Commissioner Steven M. Olivas Esq., Commissioner Becky A. Shevlin and Commissioner Martha Trevino-Powell

Excused: Vice Chair Susan F. Friedman, Commissioner Carol O. Biondi, Commissioner Ann E. Franzen, Commissioner Daphne Ng, Commissioner Sandra Rudnick and Commissioner Adelina Sorkin LCSW/ACSW

Call to Order. (13-3586)

The meeting was called to order at 10:05 a.m. A quorum was established at 10:26 a.m.

I. ADMINISTRATIVE MATTERS

1. Introduction of August 5, 2013 Meeting attendees. (13-3587)
Self-introductions were made.

Agenda Items 2 and 3 were taken after Agenda Item 5.

2. Approval of the August 5, 2013 Meeting Agenda. (13-3588)

On motion of Commissioner Dr. Sunny Kang, seconded by Vice Chair Helen Kleinberg, (Vice Chair Friedman, Commissioners Biondi, Franzen, Ng, Rudnick, and Sorkin being absent), this item was approved.

3. Approval of the minutes from the Meeting of July 22, 2013. (13-3589)

On motion of Vice Chair Helen Kleinberg, seconded by Commissioner Becky A. Shevlin, (Vice Chair Friedman, Commissioners Biondi, Franzen, Ng, Rudnick, and Sorkin being absent) and Commissioner Kamlager abstaining, this item was approved with the following amendment:

Agenda Item 6, second paragraph:

Commissioner Curry clarified that the CAP Workgroup is not intended to replace the Faith-Based Committee, although it may include some work with Faith-Based projects. ~~However, it is questionable to have standing committees that are unable to meet.~~

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

4. Chair's report for August 5, 2013 by Genevra Berger, Chair. (13-3590)

Chair Berger reported the following:

- **Welcome Sydney Kamlager, new Second District representative for the Commission appointed on July 30, 2013. Ms. Kamlager is the former Director of External Affairs for Crystal Stairs and currently serves as District Director for Assembly Member Holly Mitchell.**

Commissioner Kamlager provided her brief background and added that joining the Commission is an extension of the work she has been doing for a very long time.

- **Staff recently e-mailed the Commission regarding the County's Mileage Reimbursement Program. Commissioners wishing to participate, please complete forms as soon as possible and return to staff for processing.**
- **A Safe Sleep for Baby Partnership Training will be held Tuesday, August 13, 2013, 11 AM to 2 PM at the California Endowment, 1000 N. Alameda Street, Los Angeles 90012. Commissioners interested in attending, please let Commission Staff know.**
- **Item S-1 of the August 6, 2013, Board of Supervisors' (Board) agenda is a report by the Director of Children and Family Services on the implementation status of the Department's Strategic Plan and budgetary**

priorities, as requested by Supervisor Molina at the Board of Supervisors meeting held June 25, 2013. Copies of the report were distributed by staff.

After discussion, by common consent and there being no objection, this item was received and filed.

5. DCFS Director's report for August 5, 2013 by Philip Browning, Director, DCFS. (13-3592)

Director Browning reported the following:

- The Board requested monthly updates on the Strategic Plan while the Blue Ribbon Commission is active. The Blue Ribbon Commission held its first meeting on August 1, 2013. Dr. David Sanders was selected as Chair of the Commission. A goal of the Commission is not only to look at DCFS, but also the relationships between Departments as it relates to child protection. Sharing of information between departments has been challenging; the automation of processes implemented within the last year should enhance this effort. Data sharing between the Department of Mental Health (DMH) and DCFS is now possible through an electronic system. Delays in the implementation of data sharing may have been due to confidentiality provisions mandated for mental health.
- The budget priorities indicated in the DCFS Strategic Plan Report on the [August 6, 2013](#) Board's agenda is broken down into three primary categories: safety; permanency and well-being. The Department's budget of \$1.9 billion is distributed across these categories. Placement costs have been split between the permanency and safety categories. Some of the discussion at the Board's meeting will address the allocation of the budget. Approximately 80% of the department's funding comes from Federal and State sources that have certain compliance requirements.

Additional areas of the Strategic Plan that will be reported to the Board include the Title IV-E Waiver, Core Practice Model (CPM), and the New Policy Manual.

Covered under the safety category budget is the new Children's Social Worker (CSW) Training curriculum. The new training has its first class starting in a couple of weeks. The curriculum is fifty-two weeks; training previously lasted eight weeks. The restructured curriculum includes a "real life" simulation component.

- **Efforts to strengthen the DCFS Workforce include the following:**
 - **Smart phones with a talk to text feature have been provided to Social Workers in order to be more efficient in entering data in the CWS/CMS statewide system.**
 - **1,000 new copiers and printers were installed in offices.**
 - **A new Court Tracking Alert System was implemented to inform workers when a court report is due. Since the implementation of this tracking system, court reports are being completed more timely.**
 - **A student information tracking system has also been implemented.**
 - **Access for staff to the Statewide CWS/CMS system is now in place.**

In response to questions posed by the Commission, Director Browning responded with the following:

- **In terms of a communication system that provides information on the acceptability of Group or Foster Care homes located in other counties, often times Social Workers contact Community Care Licensing (CCL) to make this determination.**
- **The percentage of Hispanic children in care is lower than the population; however, it has risen over time.**
- **The CPM is targeted for countywide implementation in December 2014. Part of the reason the implementation is taking a long time is that the CPM requires a change in the way workers do their job. Through implementing the CPM in four offices, we have learned that there is a need for coaching to assist with this change.**
- **The Case Load Equity Model (Model) will be used to determine where new incoming staff will be placed. The Model is a mathematical formula based on a number of variables to assist in determining location based on staffing needs.**

After discussion, by common consent and there being no objection, this item was received and filed.

III. PRESENTATIONS

6. Presentation on Evidence-Based Programs.

- Tiffani Morton, LMFT, Clinical Director, For The Child
 - Parent-Child Interaction Therapy (PCIT)
 - Reflective Parenting
- Cynthia Thompson-Randle, Ph.D., Vice President, Leadership Center, Children's Institute, Inc.
 - Incredible Years Parenting Program (IY)
 - Child Parent Psychotherapy (CPP) (13-3598)

Ms. Morton presented the following:

Reflective Parenting

- **Attachment refers to how children learn to relate to other people and how they perceive their environment. It comes from early parenting; children will either learn that their environment is safe and secure or hostile, unsafe or unpredictable. This has a huge impact as children grow up as to how they function in their environment and their learning capabilities. Research showed that parents that grew up having a negative attachment would translate to how they relate to their own children. If a parent develops "Reflective Capacity" this cycle would be broken.**
- **Reflective Capacity is the parent's ability to think about their own thoughts and feelings as they relate to their children and to consider the thoughts and feelings of their children. Through this, the Reflective Parenting Program (RPP) was developed. RPP is a ten-week parenting training that focuses on topics such as temperament, separation, security, discipline, anger, and playing with one's own children. The curriculum is divided into different age groups; 0 to 3, 3 to 5 and 6 to 12 years of age and separated into groups for biological and foster parents.**

Parent-Child Interaction Therapy (PCIT)

- **PCIT is conducted with a therapist observing the interaction from the other side of a one-way mirror. The therapist coaches the parent and helps them make course corrections and practice relationship enhancement and discipline skills. The early part of PCIT is focused on helping the child feel good about being with**

his/her parent. The second part of PCIT provides the parent new methods of disciplining their child. PCIT is very empowering for mothers that have experienced domestic violence; it gives them control which helps the child feel more secure. PCIT also works well with foster parents who have children with difficult behaviors. Through PCIT, the foster parent is able to have a better relationship with the child which results in a more stable placement for the child.

Dr. Thompson-Randle presented the following:

- The Children's Institute, Inc. (CII) uses PCIT, RPP, Incredible Years Parenting Program (IY), and Child Parent Psychotherapy (CPP) as a form of intervention. These models have been very successful with children 0 to 5 years of age. IY may also be used to fulfill the 20-week parenting classes mandated by DCFS.

Incredible Years Parenting Program (IY)

- IY was developed by Dr. Carolyn Webster-Stratton, Professor and Director of the Parenting Clinic at the University of Washington. It is a cognitive behavioral group therapy that is well supported by research and listed on The National Registry of Evidence-based Programs and Practices. Research conducted on IY includes short and long-term outcomes. Longitudinal studies found that IY reduces school drop-out rates, increases academic performance and reduces youth conduct disorders as well as drug and alcohol problems.
- IY is used for treatment of child aggressive behavior problems and Attention Deficit Hyperactivity Disorder. IY incorporates very positive parenting methods, and improves the relationship between the parent and child so that the child complies with the parent's request on a different level than in the past. There are three different age specific programs; birth to 12 months (Baby), 1 to 3 (Toddlers), and 4 to 6 (Pre-school) years of age. The curriculum is culturally diverse and is conducted in English and Spanish languages.
- The Baby Program focuses on teaching parents to learn and observe their babies' cues and is very effective with mothers suffering from post-partum depression, teen moms, and foster parents. The Toddler Program uses methods very similar to PCIT in using praise and incentives to promote positive relationships. The Pre-School Program uses praise and incentives as well ;however, is tailored for a different age group.

- The Dina Dinosaur School is for children ages 4 to 8 with hyperactive, disruptive or with temper tantrum behaviors. The children are taught social and problem solving skills using puppets. The skills taught parallel the parents training so that the child and parent are dealing with the same issues. Conducting this training simultaneously works very well.
- Outcomes of IY include a reduction in parent stress and acting out behaviors in children. However, some of the challenges IY faces include the high cost of materials and puppets and staff training.

Child-Parent Psychotherapy (CPP)

- CPP was developed by Patricia Van Horn, Ph.D., and Alicia F. Lieberman, Ph.D., at the University of California, San Francisco in the 1980s. It is an intervention for children from birth through age 5 who have experienced at least one traumatic event and is the best practice for trauma treatment for young children. The treatment is dyadic, and supported by research showing a correlation between the parent's response to trauma and how the child reacts.
- CPP focuses on strengthening the relationship between a child and parent or caregiver as a means of restoring the child's sense of safety, attachment, and improving the child's cognitive, behavioral, and social functioning that were impacted by the trauma.
- CPP helps the parent understand the meaning behind the child's behavior and that such behavior is a response to the trauma experienced. The parent and child create a trauma narrative together and with the help of the therapist, the parent is better able to understand where the child is at developmentally. Many parents have inappropriate expectations of the child. Similar to research done with Reflective Parenting, CPP looks at multigenerational parenting and the parent or child's experience of trauma.
- Outcomes of CPP include a reduction of trauma-related symptoms and disruptive behavior in children. Some challenges of CPP include the length of time of the Program; since CPP is a 50-week Program it is important that there is consistent engagement in order to prevent parents from dropping out. Additionally, implementation of this model requires a great deal of training for staff.

In response to questions posed by the Commission, the presenters responded with the following:

- **Ms. Morton stated that the cost of RPP training for staff is approximately, \$500 per clinician. PCIT has a high initial cost due to the costs associated with setting up an observation room.**
- **Dr. Thompson-Randle stated that the primary source of referrals to IY and CPP come from DCFS. Some referrals come from the schools or community. At times, CII staff is asked to participate on team decision making (TDMs) with DCFS. A partnership with DCFS occurs very early on in a child's case.**

The cost of CPP is billed through Medi-Cal treatment services for reimbursement. Grants are available for those who are not eligible for Medi-Cal and unable to afford services. Funding from Mental Health Services Act (MHSA) is facilitated through the contract with DMH.

Bryan Mershon, Ph.D., Deputy Director, Children's Systems of Care, DMH clarified that DMH has paid for most of the staff training through MHSA funding. Additionally, the First 5 LA grant covers the cost of PCIT. Agencies also receive annual funding through Prevention and Early Intervention (PEI).

Approximately 95% of children screened are determined to be in need of mental health services.

Ms. Morton added that the early collaboration with DCFS often results in referral to specific programs that would best suit the child and/or family. At times, the referral to a program is facilitated through a court order.

- **Dr. Thompson-Randle explained that part of the Multi-disciplinary Assessment Team (MAT) protocol is that the case cannot be closed until the child has been linked to services.**

Through PEI funding, CII has been able to expand the menu of services available, creating a continuum of services from birth to 18 years of age that meet specific needs of the child.

Dr. Mershon added that when agencies first implemented PEI, they looked at the existing menu of Evidence-Based Programs (EBP) available and were encouraged to work with their service area District Chiefs in terms of choosing EBP's that were appropriate for the population and geographic area served.

The DMH specialized co-located staff in the DCFS offices are also a resource for the CSW in terms of determining which EBP best fits the child's needs. It is anticipated to have a clearer picture in the next couple of months of what resources are available and what the next steps are.

DMH will report back to the Commission in regards to statistics on the number of referrals received from DCFS on a monthly basis and the number of programs servicing these referrals.

- Bill Gould, First 5 LA, agreed to send Commission staff a video illustrating the PCIT process for distribution to the Commission.**

Mr. Gould aims to bring on 20 new agencies for five years in order to strengthen the PCIT model in Los Angeles County and has been working closely with DMH to reach this goal.

- Ms. Morton is not certain of the demographics that RPP was initially tested on prior to being deemed an EBP; however, the research on PCIT has been conducted across cultures.**

Sam Chan, Ph.D., District Chief, Children's System of Care, DMH added that the implementation is done with cultural diversity in mind. Those administering PCIT have been provided separate training that addresses the nuances of different ethnicities. Training is offered in Spanish.

- Mr. Gould explained that a distinction between Triple P (Positive Parenting Program) and PCIT is that PCIT is a center-based program while Triple P is often done in the home.**
- Dr. Thompson-Randle explained that group programs are used first. Families are moved towards PCIT if their issues require a more intense program.**

Commissioner Curry asked Mr. Gould to explain the forthcoming Request for Proposal (RFP) that will help autistic and developmentally delayed children.

Mr. Gould explained that First 5 LA is looking to develop six programs to work around autism screening and service provision. On August 14, 2013, there will be an information session covering the Request for Quote (RFQ) and RFP. Mr. Gould agreed to e-mail the Commission the announcement recently released by First 5LA for the Early Identification of and Referrals to Early Intervention Services for Autism and Other Developmental Delay RFQ and RFP.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments: [SUPPORTING DOCUMENT](#)

V. MISCELLANEOUS

Matters Not Posted

7. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (13-3593)

There were none.

Announcements

8. Announcements for the meeting of August 5, 2013. (13-3594)

There were none.

Public Comment

9. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (13-3596)

Roberta Javier, Service Employees International Union (SEIU), addressed the Commission.

Adjournment

10. Adjournment of the meeting of August 5, 2013. (13-3595)

The meeting was adjourned at 12:05 p.m.